## ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 PAGE 1 OF 2

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget,

| Paperwork Red   | luction Project (0  |                      | PLEASE DO 1           |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
|---|---|----------------------|-----------------------|-----------|--------------------|---------|---|---|-----------|-----------------------------------|---------------------------------|-------------|----------------------|--------------------|----------------------------|--------------------------|---|
| 1. CONTRACT/PURCH ORDER NO. 2. DELIVER  |   |                      |                       | CORDER NO |                    |         |   | 3. DATE OF ORDER                                    |           |                                   |                                 |             | REOUEST              |                    | 5 1                        | PRIORITY                 | _ |
| SP0700-04-D-9705  |   |                      |                       | B295      |                    |         | (YYMMMDD)<br><b>2004 JUN</b> 2                                |   |           | 4. KEQC                           |                                 |             |                      |                    | J. 1                       | RIORITI                  |   |
|   |   |                      |                       |           |                    |         |   |   |           |                                   | W917V241765188                  |             |                      |                    |                            |                          |   |
| 6. ISSUED BY  |   |                      | COD                   | DE        | SP0700             | 7. A    | DMINIS  | TERED BY  | (If other | than 6)                           | COD                             | E           | SP07                 | 700                |                            |                          |   |
| DEFEN   | SE SUDDI V (  | TENTED COL           | UMRUS                 |           |                    |         | 0500 DI   |   | CHIDDL    | S. CNED C                         | OI III II                       | DVIC        |                      |                    | 8. I                       | DELIVERY FOB             | _ |
| P.O. Box 3990<br>Columbus, OH 43218-3990  |   |                      |                       |           |                    |         | SC0700 DEFENSE SUPPLY CNTR COLUMBUS<br>ATTN DSCC-PLS          |   |           |                                   |                                 |             |                      |                    | = 2201                     |                          |   |
|   |   |                      |                       |           |                    | PO      | PO BOX 3990 (TRANS 1-800-456-5507)<br>COLUMBUS, OH 43218-3990 |   |           |                                   |                                 |             |                      |                    |                            | OTHER                    |   |
|   |   |                      |                       |           |                    | CO      |   |   | 43218-3   | 3990                              |                                 |             |                      |                    |                            | ee Schedule if other)    |   |
| 9. CONTRACTOR   |   |                      | COD                   | DE        | 7M196              |         | FACILI  | TY CODE   |           |                                   |                                 |             | O FOB PO             | DINT BY(Date)      |                            | MARK IF BUSINESS         |   |
| ĺ   |   |                      |                       |           |                    |         | -   |   |           |                                   | (11MI                           | MMDD)       |                      |                    |                            | SMALL                    |   |
| '   |   |                      |                       |           |                    |         | 1   |   |           |                                   | 12. DISCOUNT TERMS              |             |                      |                    |                            | SMALL DISAD-<br>VANTAGED |   |
| NAME AND<br>ADDRESS   | (   | DOV 21               |                       |           |                    |         |   | I/A/W/ BASIC CO                                     |           |                                   | ONTRACT                         |             | WANTAGED WOMEN-OWNER | D                  |                            |                          |   |
|   | 1565 BUCHANAN TRAIL EAST P.O. BOX 21<br>SHADY GROVE PA 17256-0021 |                      |                       |           |                    |         |   | 1   |           |                                   | 13. MAIL INVOICES T             |             |                      | TO                 |                            |                          |   |
| l   |   |                      |                       |           |                    |         | _   |   |           |                                   |                                 |             | SE                   | EE BLOCK           | 15                         |                          |   |
| 14. SHIP TO   |   |                      | COD                   | DE        |                    | 15. I   | PAYMEN  | T WILL B  | E MADE    | BY                                | CODE                            | 2           | S331                 | 191                |                            |                          | - |
|   |   |                      | COL                   | DE        |                    | -       |   |   |           |                                   | CODI                            | , L         | 3331                 | 101                | _                          | MARK ALL                 |   |
| DO NOT SHIP TO ADDRESSES ON THIS PAGE   |   |                      |                       |           |                    |         | S33181 DFAS COLUMBUS CENTER                                   |   |           |                                   |                                 | FR          |                      |                    |                            | PACKAGES AND             |   |
| SEE FOLLOWING PAGE  |   |                      |                       |           |                    |         | ATTN DFAS CO BVDPCC/CC CONSTRUCTION                           |   |           |                                   |                                 |             |                      |                    | PAPERS WITH<br>CONTRACT OR |                          |   |
| SHIPPING ADDRESSES ARE SHOWN UNDER LIN<br>ITEM  |   |                      |                       |           |                    |         |   |   |           | ST PO BOX 182317<br>OH 43218-6203 |                                 |             |                      |                    |                            | ORDER NUMBER             |   |
| 112.11  |   |                      |                       |           |                    |         |   | COLCINI   | Des o     | 11 40210 (                        | 200                             |             |                      |                    |                            |                          |   |
| 16. DELIVER   | Y X This d  | elivery order is iss | sued on another Gover | ernment a | gency or in accord | lance w | vith and su   | ıbject to ter                                       | ms and co | onditions of a                    | ove num                         | bered con   | ract.                |                    |                            |                          |   |
| OF DUDCHAS  | Refere  | nce your             |                       |           |                    |         |   |   |           |                                   |                                 |             | and                  | furnish the follow | ing on te                  | erms specified herein.   | Ī |
| OF PURCHAS<br>ORDER   | ACCE  | PTANCE. THE          | CONTRACTOR HE         | EREBY A   | CCEPTS THE O       | FFER F  | REPRESE   | ENTED BY  | THE NU    | MBERED PU                         | JRCHAS                          | E ORDER     | AS IT MA             | AY PREVIOUSLY      | HAVE                       | BEEN OR IS NOW           | _ |
|   | MODI  | FIED, SUBJECT        | TO ALL OF THE TE      | ERMS A    | ND CONDITION:      | SSET    | FORTH,  | AND AGR   | EES TO I  | PERFORM T                         | HE SAMI                         | <b>5.</b>   |                      |                    |                            |                          |   |
|   |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
| NAME OF CONTRACTOR SIGNATURE  If this box is marked, supplier must sign Acceptance and return the following number of copies: |   |                      |                       |           |                    |         |   |   |           | TYPED NA                          | ME AND                          | TITLE       |                      |                    |                            | TE SIGNED<br>YMMMDD)     |   |
| 17. ACCOUNTING  |   |                      | •                     | e ronown  | ng number of copie | es:     |   |   |           |                                   |                                 |             |                      |                    |                            |                          | _ |
| CG: 97X493  18. ITEM NO.  | 19.   |                      | 50  DULE OF SUPPLIES  | S/SERV    | CE                 |         |   |   |           | 20. QUAN<br>ORDE<br>ACCER         | RED/                            | 21.<br>UNIT | 22.<br>UN            | IIT PRICE          | 23.                        | AMOUNT                   | _ |
|   |   |                      |                       |           |                    |         |   |   |           | ACCE                              | IED.                            |             |                      |                    |                            |                          | _ |
|   | Remarks:  |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
| Terms and conditions are in accordance with Basic Contract  Vendor's copy was sent EDI.                                       |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
|   |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
|   | Do not dup  | ent.                 |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
|   |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
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|   |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
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|   |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
| * If quantity accepted by the Government is same as   |   |                      |                       |           |                    | AMER    | ICA   |   |           |                                   |                                 |             |                      | 25. TOTAL          | \$                         | 121.32                   |   |
| quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.            |   |                      | r                     | BY:       | EPPT               | Δ1:     | uto Award   |   |           | 4                                 |                                 |             |                      | 29.                |                            |                          |   |
|   |   |                      |                       |           |                    |         |   | co mara   |           |                                   | CONTRACTING/ORDERING<br>OFFICER |             |                      | DIFFERENCE         |                            |                          |   |
| 26. QUANTITY IN COLUMN 20 HAS BEEN  |   |                      |                       |           |                    |         | 27. SHI   | P. NO.  |           | 28. D.O. VO                       | OUCHER                          |             | ATTULK               | 30.                |                            |                          |   |
| INSPECTED RECEIVED ACCEPTED, AND CONFORMS   |   |                      |                       |           | NFORMS TO THE      | Ξ       |   |   |           |                                   |                                 |             |                      | INITIALS           |                            |                          | - |
| CONTRACT EXCEPT AS NOTED  |   |                      |                       |           |                    |         |   | PARTIAL   |           | 32. PAID B                        | Y                               |             |                      |                    | I<br>VERIFIE               | ED CORRECT FOR           | - |
|   |   |                      |                       |           |                    |         |   |   |           |                                   |                                 |             |                      |                    |                            |                          |   |
| DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |   |                      |                       |           |                    |         |   | FIN<br>VMENT  | AL        |                                   |                                 |             |                      | 34. CHECK NU       | IMBED                      |                          | _ |
|   |   |                      |                       |           |                    |         | 51. FA  | . PAYMENT 34. CHECK NUM                             |           |                                   |                                 |             | MILLIN               |                    |                            |                          |   |
| 36. I certify this account is correct and proper for payment.   |   |                      |                       |           |                    |         |   | COMPLETE  |           |                                   |                                 |             |                      | _                  |                            |                          |   |
|   |   |                      |                       |           |                    |         | l   | PAF   | RTIAL     |                                   |                                 |             |                      | 35. BILL OF L      | ADING I                    | NO.                      |   |
| DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER  |   |                      |                       |           |                    | _       |   | FINAL   |           |                                   |                                 |             |                      |                    |                            |                          | _ |
| 37.RECEIVED AT 38. RECEIVED BY (Print) 39. DATE RECEIVED  |   |                      |                       |           |                    |         | 40.TOTA   | TOTAL CONTAINERS 41. S/R ACCOUNT NUMBER 42. S/R VOU |           |                                   |                                 |             | 42. S/R VOUC         | HER NO             |                            | _                        |   |

(YYMMMDD)

CONTINUATION SHEET

Order Number:

SP0700-04-D-9705 B295

PAGE OF PAGES

2

2

SECTION B

ITEM DESCRIPTION NOT INCLUDED

MILSTRIP REQUIRED DELIVERY DATE

P/N Manufacturer's CAGE -

ITEM QTY UNIT UNIT PRICE AMOUNT 0001 PR W917V241765188 3 EΑ 40.44 121.32

NSN 4320-01-351-8600

MINUS 0% QTY VARIANCE: PLUS 0%

INSPECTION POINT: DEST ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION BY: 2004 JUL 01

## PARCEL POST ADDRESS:

## FREIGHT ADDRESS:

W9177E SR WOVC TRAINING BDE TEAM 8 SSF AWCF OEF TNG BDE ROTATION BLDG 32023 NORTH AVE FORT HOOD, TX 76547-5027

M/F: (TCN) W917V241765188

RDD: 05-JUL-04 PROJ: 0GJ

PRIORITY: 05

END OF AWARD